From: <u>Mason, Steve</u>

To: <u>michael.k.sams@uscg.mil</u>

Subject: FW: DRAFT RRF for Mission Assignment Date: Monday, August 28, 2017 10:10:00 AM

Attachments: <u>image001.png</u>

FEMA Form 010-0-7-Reource Request Form (RRF) -- Hurricane Harvey -- ESF 10 Support -- August 27, 2017.pdf

Call me if you have questions on any of this...

184 personnel (EPA / START / ERRS / USCG) for 30 days x \$ 1,500 / day = \$ 8,280,000.00

Air Reconnaissance (5 days – ASPECT and Helicopters) = \$ 200,000.00

Indirect Cost (13.29%) = \$ 112,000.00

Total = \$8,592,000.00





O.M.B. No. 1660-0002 **Expires May 31, 2017**

DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

RESOURCE REQUEST FORM (RRF)

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions,

not send your completed form to to . I. REQUESTING ASSISTANCE		l by Reque	estor)					
' ' '		2. Title			o ordinator		. Phone No.	
Anthony Buck 4. Requestor's Organization		Emergency Management (5. Fax No.		nent Co	6. E-Mail Address		12-563-3935	
Texas Commission on Environmental Quality		J. 1 d. 110.			Anthony.Buck@tceq.t		as.gov	
II. REQUESTING ASSISTANC	•	d by Regu	estor)				- 1	9-1
Description of Requested Ass Requested ESF-10 assistance t materials and oil releases/discharcontainers and mobile sources.	sistance: o the State of Texas	s in suppor	t of assessm s response to	releases	discha	arges from fixed faciliti	es, as v	well as orphaned
2. Quantity 1 each	3. Priority	☐ Lifesav ☐ High	ing 🔀 Life	Sustainir	ıg	Normal		te and Time Needed 0/2017
Delivery Site Location		riigii				6. Site Point of Conta		
o. Bonvery one Location						Anthony Buck	101 (1 0	0)
USCG Command Center, Robst	town, TX					7. 24 Hour Phone No 512-563-3935). 8	3. Fax No.
9. State Approving Official Signa	ature						10.	Date and Time
III. SOURCING THE REQUEST	Γ - REVIEW/COORI	DINATION	(Operations	Section	Only)			
1.				2. So	urce:		3. д	assigned to:
OPS Review by: LOG Review by: Other Coordination: Other Coordination: Other Coordination:					Othe Requ Proc	ations r (Explain) uisitions urement agency Agreement	R	:SF/OFA: RSF/OFA: Other:
						ission Assignment		oate/Time:
4. Immediate Action Required	Yes	No						
IV. STATEMENT OF WORK (C	perations Section	Only)						
1. OFA Action Officer					2	2. 24 Hour Phone #	3.	. Fax #
4. FEMA Project Manager					5	5. 24 Hour Phone #	6.	. Fax #
7. Statement of Work					•		•	See Attached
As requested by the State of Te assess impacts to drinking wate emergency response to oil and I ESF-10 will conduct aerial asset facilities. This information will be	r and wastewater cr hazardous materials ssments to assess c	ritical infras s discharge discharges <i>i</i>	structure; ass es/releases; a /releases: ac	ist in the i and augme cumulation	mplem enting ns of o	entation of Response personnel for response rphaned containers, a	Manage e opera nd dam	er tracking system:
8. Estimated Completion Date 9	/30/20170/17				9. E	Estimated Cost 8,592,0	00.00	
V. ACTION TAKEN (Operation					ı			
Accepted			Rejecte	d		Requestor No	otified	
Reason / Disposition								

RESOURCE REQUEST FORM (RRF)

TRACKING INFORMATION (FEMA Use Only)								
ECAPS/NEMIS Task ID:	Resource Request #	Program Code/Event #						
Received by (Name and Organization)	State	Date/Time Received	Originated as verbal					

INSTRUCTIONS

Items on the Resource Request form that are not specifically listed are self-explanatory. Indicate "see attached" in any field for which additional space or more information is required.

- I. Who is requesting assistance? Completed by requestor.
- **II.** What needs to be done? Completed by requestor.

Description of Requested Assistance: Detail of resource shortfalls, statement of deliverable, or simply state problem/need.

Priority: The requestor's priority, which may differ from the priority in BOX III.

<u>Site POC:</u> The person at the delivery site coordinating reception and utilization of the requested resources. 24-hour contact information required.

If for Direct Federal Assistance (DFA), State Approving Official: Signature certifies that:

- (1) State and local governments cannot perform, nor contract for the performance of the requested work;
- (2) Work is required as a result of the event, not a pre-existing condition; and
- (3) The State is providing the required assurances found in 44 CFR, Section 206.208.
- **III.** Action Review/Coordination (OPS Section Use Only): Completed by the Operations Section Chief or Resource Capability Branch Director.

<u>Accept/Reject:</u> Operations Section Chief or Resource Capability Branch Director accepts or rejects the request; provide reason if rejection. If request accepted, coordinates with others, i.e., Branch Directors or Group Supervisors, begins to determine best means of fulfilling request. All involved in coordination should check appropriate box and initial or print their name.

<u>Assigned to:</u> Operations Section Chief or Resource Capability Branch Director assigns tasks origination, may indicate the OFA Action Officer. Operations Section Chief may also indicate the Action Officer if known, or tasked organization may make this assignment. This may be Emergency Support Function, internal FEMA Organization (i.e.; Logistics), or other organization.

Date/Time Assigned: Operations Section Chief or Resource Capability Branch Director provides date and time of when sourcing should begin.

W. Statement of Work (OPS Section Use Only): Completed by the Operations Section Chief or Resource Capability Branch Director.

OFA Action Officer: Ops Section Chief obtains from OFA if request fulfilled by a MA; 24-hr phone/fax required. Information used in eCAPS.

FEMA Project Manager: Provided by Operations Section Chief; a Region PFT; 24-hr phone/fax required. Information used in eCAPS.

<u>Statement of Work:</u> Description of tasks to be performed. Could be to assess a problem and report back, or could be to proceed with a specific action. If 40-1 or MA, this goes in "justification" tab in eCAPS.

V. Action Taken (OPS Section Use Only): Completed by Operations Section Chief, Resource Capability Branch Director, MA Unit or Logistics.

Resource Request Results: Ops Section Chief, Resource Support Section Chief, MA Unit, or LOG should note what type of document the action resulted in by "checking" the appropriate box i.e., Mutual Aid, Donations, Requisition, Procurement, IA, MA, Other. If "Other" is selected write in appropriate response or state "see below" and give detail description in "Disposition" field. "Disposition" field should note steps taken to complete the Action, and personnel, sub-tasked agencies, contracts and other resources utilized.

TRACKING INFORMATION. Completed by Action Tracker. Required for all requests.